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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/055,968	01/28/2002	Diana L. Kosinski	103864.129US1	8431

24395 7590 04/22/2003

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EXAMINER

BLECK, CAROLYN M

ART UNIT PAPER NUMBER

3626

DATE MAILED: 04/22/2003

Please find below and/or attached an Office communication concerning this application or proceeding.

Office Action Summary

Application No.

10/055,968

Applicant(s)

KOSINSKI ET AL.

Examiner

Carolyn M Bleck

Art Unit

3626

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If the period for reply specified above is less than thirty (30) days, a reply within the statutory minimum of thirty (30) days will be considered timely.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133).
- Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

- 1) ☒ Responsive to communication(s) filed on 28 January 2002.
- 2a) ☐ This action is FINAL. 2b) ☒ This action is non-final.
- 3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

- 4) ☒ Claim(s) 1-53 is/are pending in the application.
- 4a) Of the above claim(s) _____ is/are withdrawn from consideration.
- 5) ☐ Claim(s) _____ is/are allowed.
- 6) ☒ Claim(s) 1-53 is/are rejected.
- 7) ☐ Claim(s) _____ is/are objected to.
- 8) ☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

- 9) ☐ The specification is objected to by the Examiner.
- 10) ☐ The drawing(s) filed on _____ is/are: a) ☐ accepted or b) ☐ objected to by the Examiner.
- Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).
- 11) ☐ The proposed drawing correction filed on _____ is: a) ☐ approved b) ☐ disapproved by the Examiner.
- If approved, corrected drawings are required in reply to this Office action.
- 12) ☐ The oath or declaration is objected to by the Examiner.

Priority under 35 U.S.C. §§ 119 and 120

- 13) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) ☐ All b) ☐ Some * c) ☐ None of:
1. ☐ Certified copies of the priority documents have been received.
2. ☐ Certified copies of the priority documents have been received in Application No. _____.
3. ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).
- * See the attached detailed Office action for a list of the certified copies not received.
- 14) ☐ Acknowledgment is made of a claim for domestic priority under 35 U.S.C. § 119(e) (to a provisional application).
- a) ☐ The translation of the foreign language provisional application has been received.
- 15) ☐ Acknowledgment is made of a claim for domestic priority under 35 U.S.C. §§ 120 and/or 121.

Attachment(s)

- 1) ☒ Notice of References Cited (PTO-892)
- 2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
- 3) ☒ Information Disclosure Statement(s) (PTO-1449) Paper No(s) 4.
- 4) ☐ Interview Summary (PTO-413) Paper No(s). _____.
- 5) ☐ Notice of Informal Patent Application (PTO-152)
- 6) ☐ Other: _____.

DETAILED ACTION

Notice to Applicant

1. This communication is in response to the application filed 28 January 2002. Claims 1-53 are pending. The IDS statement filed 26 March 2002 has been entered and considered.

Claim Rejections - 35 USC § 101

2. 35 U.S.C. 101 reads as follows:

Whoever invents or discovers any new and useful process, machine, manufacture, or composition of matter, or any new and useful improvement thereof, may obtain a patent therefor, subject to the conditions and requirements of this title.

3. Claims 43-53 are rejected under 35 U.S.C. 101 because the claimed invention is directed to non-statutory subject matter. Under the statute, the claimed invention must fall into one of the four recognized statutory classes of invention, namely, a process (or method); a machine (or system); an article of manufacture; or a composition of matter.

(A) Claims 43-43 appear to be directed toward a prescription processing network. However, it is unclear as to which recognized statutory class of invention the prescription processing network of claim 43 is directed. In particular, a prescription processing network is not a process or method as it lacks a series of steps. A prescription processing network is not a machine or system as there is no specific recitation of machine or system components. A prescription processing network is not

recognized as a composition of matter. A prescription processing network, per se, is merely a network for communication.

In light of the above, it is respectfully submitted that the claimed invention, although useful and concrete, is not tangible, and thus fails to recite the practical application of an abstract idea to satisfy the requirements of 35 U.S.C. 101.

(B) Claims 44-53 incorporate the deficiencies of claim 43 through dependency, and are therefore rejected as well.

Claim Rejections - 35 USC § 103

4. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

5. Claims 1-53 are rejected under 35 U.S.C. 103(a) as being unpatentable over Albaum et al. (5,758,095) in view of Walker et al. (5,883,370).

(A) As per claims 1, 38, and 40, Albaum discloses a method for prescribing medication for a patient comprising (col. 20 lines 40-43):

(a) signing onto a hospital pharmacy module or an outpatient/clinic module of an interactive medication ordering system by entering a user's ID (sign-on code) through a user interface over a communication network, wherein the user interface is used to

communicate with an off-site location through the interactive medication ordering system (reads on "remotely") (Fig. 1 and 49a, col. 1 lines 5-13, col. 6 line 23 to col. 4 line 30, col. 16 lines 10-20, col. 17 lines 40-60);

(b) entering a new order for a prescription using voice entry, wherein the order includes information related to at least one medication identifier, the patient's name, the patient's bed number, the patient's medical record number, the maximum dosage recommended for a patient (Fig. 49c, 49i, col. 3 lines 1-3, col. 6 lines 34-40, col. 7 line 65 to col. 8 line 11, col. 20 line 40 to col. 21 line 33);

(c) performing an order recognition function by an order reformatter and interpreter to check for recognition of the doses, route of administration, frequency, and duration, wherein the order information received by the order reformatter and interpreter when entered by the user is entered in random sequence and then processed, wherein the inpatient module performs processing functions and is connected to the user interface which accepts input via keyboard and mouse, voice recognition, or pen interface (reads on "capturing..." and "converting...") (Fig. 49e and 49f, col. 7 lines 25-30, col. 11 lines 4-13, col. 20 line 40 to col. 21 line 33);

(d) providing a database containing health and medication information regarding a patient, wherein the information is stored as patient records, wherein a patient record includes information such as medication ordered, dosage, frequency, medication quantity and formulary, wherein a user may edit a current or active medication order, wherein a patient's medication profile contains the patient's name, bed number, medical record number, list of patient's current schedule and PRN medications (Fig. 33, col. 8 lines 12-

20, col. 10 lines 17-60, col. 17 lines 15-35, col. 18 lines 63-67, col. 20 line 40 to col. 21 line 33);

(e) interpreting and reformatting the orders for processing (reads on “transcribing...” (col. 3 lines 15-20); and

(f) automatically transmitting and printing in the pharmacy the written or typed order by a physician based on the interpreted and reformatted orders, wherein the physician is able to electronically counter sign the patient’s order and is alerted to potentially adverse situations such as drug reactions, wherein the pharmacy is a pre-existing hospital pharmacy (reads on “central pharmacy” or “filling pharmacy”) or retail pharmacy (reads on “filling pharmacy”) (reads on “preparing...” and “sending...”) (Fig. 1, col. 3 lines 15-20, col. 7 lines 25-40, col. 8 lines 43-63, col. 15 lines 12-32, col. 18 lines 1-6, col. 20 line 40 to col. 21 line 45).

Albaum fails to expressly disclose sending “a completed prescription form” to a central pharmacy, and then filling the prescription request at the central pharmacy, based at least partially on the completed prescription form.

Walker includes printing out a prescription slip (Fig. 6) with a prescription bar code which contains pertinent prescription information to enable filling of the prescription, taking the prescription slip to a pharmacist by the patient, and having the pharmacist fill the prescription by scanning the prescription bar code on the prescription slip to obtain the pertinent information (Figure 3, col. 5 line 55 to col. 6 line 7).

At the time the invention was made, it would have been obvious to one of ordinary skill in the art to include the aforementioned components with the method of

Albaum with the motivation of reducing the time from when the order is written to when it is received in the pharmacy (Albaum; col. 1 lines 30-36), reducing the efficiencies due to slow and cumbersome medication ordering paths by reducing the paperwork and task duplication (Albaum; col. 1 line 63 to col. 2 line 10), providing a system which is less rigid and easier to use for physicians (col. 2 line 45-50), and reducing the number of errors in prescribing medications (Walker; col. 1 lines 25-30).

In addition, it is noted that Albaum's database stores patient medical information including patient medications as patient records, wherein the medications are entered in the patient medication profile (Fig. 33, col. 8 lines 12-20, col. 10 lines 17-60, col. 17 lines 15-35, col. 18 lines 63-67, col. 20 line 40 to col. 21 line 33). Therefore, Albaum's entering of information in a database is considered to be a form of associating or concatenating "an identification file" with "a prescription file."

(B) As per claim 2-6 and 33, Albaum discloses communicating the orders to the interactive medication ordering system and pharmacy using voice entry, facsimile, and modem (Fig. 1, col. 6 lines 23-55, col. 15 lines 11-32). Albaum fails to expressly disclose submitting prescription requests using electronic mail or from a wireless/mobile device or PDA, or through a microphone coupled to a personal computer. However, it is noted that Albaum discloses communicating a medication order to a pharmacy using a computer (col. 2 line 65 to col. 3 line 20). Furthermore, a wireless/mobile device and PDA are specific types of computers, and it would have been obvious to one of ordinary skill in the art at the time the invention was made to modify the method taught

collectively by Albaum and Walker to include a wireless/mobile device or PDA with the motivation of providing a less rigid system and increasing the ease of use and thus user friendliness (Albaum; col. 2 lines 42-62, col. 6 lines 23-55). As per the limitation of using electronic mail, it is respectfully submitted that Albaum discloses using facsimile and using electronic mail would be an obvious variant of the facsimile, and the skilled artisan would have found e-mail an obvious modification within the method taught collectively by Albaum and Walker with the motivation of providing a less rigid system and increasing the ease of use and thus user friendliness (Albaum; col. 2 lines 42-62, col. 6 lines 23-55). Lastly, it is respectfully submitted typically using voice entry as Albaum discloses requires the use of a microphone when speaking in order for the computer to process the information, and therefore the skilled artisan would have found a microphone an obvious modification within the method taught collectively by Albaum and Walker with the motivation of providing a less rigid system and increasing the ease of use and thus user friendliness (Albaum; col. 2 lines 42-62, col. 6 lines 23-55).

(C) As per claims 10-11, Albaum and Walker are entirely silent as to a format including a digital data format or a standard digital audio format. However, Albaum includes voice entry or keyboard and mouse entry of data (col. 2 line 65 to col. 3 line 20). It is respectfully submitted that data entered into a computer, if it is by a keyboard and mouse is typically digital data, and if it is by voice is converted and stored in an audio format, therefore within the method taught collectively by Albaum and Walker, it would have been an obvious modification to include multiple data formats with the motivation

of increasing the flexibility of the system for users (Albaum; col. 2 lines 42-63) thus reducing the time from when an order is written to when it is received by a pharmacy (Albaum; col. 1 lines 30-36).

(D) Claims 7-9 and 12 repeat the same limitations as claims 10-11, 38, and 40, and are therefore rejected for the same reasons given for those claims, and incorporated herein.

(E) As per claims 13-14 and 26-28, Albaum discloses presenting a user interface to a physician to enter an ID and signature and then select a patient, wherein the user enters a representative identification code and signature according to on-screen instructions, a medical record number for a patient (reads on "prompting"), wherein the user is able to gain access upon signing onto the interactive medication ordering system based on the user's ID (sign on code), wherein a patient profile screen for physicians is presented (see Figure 9) after signing in (reads on "pre-populated form") consisting of the patient's name, bed number, medical record number, message mailbox, selection options, orders to countersign and renew, and a list of a patient's current schedule and PRN medications, transmitting by fax all complete prescription orders, wherein upon the pharmacy receiving the order via fax, the pharmacy is able to verify authorization for orders (Fig. 2 and 3, col. 6 line 23 to col. 8 line 30, col. 15 lines 12-48, and col. 17 lines 40-60).

Albaum and Walker are entirely silent as to the step of verifying the prompted information input by the user. However, it is respectfully submitted that when a user

inputs a user ID and password to access a system, prior to gaining access to the system, the user's information is typically compared against a database of user ID and password information to ensure there is a match between the user ID and password entered by the user, and then upon a match being found, the user gains access to the system. Therefore, it would have been an obvious modification to the method taught collectively by Albaum and Walker to include the verification of information with the motivation of increasing the security for confidential patient information by requiring a password procedure to access the information.

As per the limitation of "assigning the form a unique identifier which associates the form with the prescription request," Albaum discloses a patient profile screen for physicians is presented (see Figure 9) after signing in (reads on "pre-populated form") consisting of the patient's name, bed number, medical record number, message mailbox, selection options, orders to countersign and renew, and a list of a patient's current schedule and PRN medications (col. 8 lines 12-30). The patient's name, bed number, and medical record number are a form of assigning a unique identifier. Further, Albaum includes providing a database containing health and medication information regarding a patient, wherein the information is stored as patient records, wherein a patient record includes information such as medication ordered, dosage, frequency, medication quantity and formulary, wherein a user may edit a current or active medication order (Fig. 33, col. 8 lines 12-20, col. 10 lines 17-60, col. 17 lines 15-35, col. 18 lines 63-67, col. 20 line 40 to col. 21 line 33). In addition, it is noted that Albaum's database stores patient medical information including patient medications as patient

records, wherein the medications are entered in the patient medication profile (Fig. 33, col. 8 lines 12-20, col. 10 lines 17-60, col. 17 lines 15-35, col. 18 lines 63-67, col. 20 line 40 to col. 21 line 33). Therefore, Albaum's entering of information in a database through a user interface is considered to be a form of associating "the form" with a "prescription request."

As per the limitation of "comparing the physician's phone number and the prescription number, and if the physician's phone number and the prescription number result in a predetermined relationship, then filling the prescription request using an automated entry agent" in claim 28, Albaum discloses that upon the pharmacy receiving the order via fax, the pharmacy is able to verify authorization for orders (col. 15 lines 32-48). Although Albaum and Walker are silent as to how the order is verified, it is respectfully submitted that using a form of identification for the physician and a prescription is a method typically employed by pharmacies filling prescriptions, and the skilled artisan would have found it an obvious modification within the method taught collectively by Albaum and Walker to include a form of verifying the prescription and physician with the motivation of preventing fraudulent prescriptions from being filled by a pharmacy and ensuring that a prescription is in fact associated with a particular patient thus reducing the number of errors in medications administered to patients.

The remainder of claim 28 repeats the same limitations as claims 38 and 40 above, and is therefore rejected for the same reasons given above, and incorporated herein.

(F) As per claim 15, Albaum discloses providing an interface wherein a physician is able to chose whether to renew a prescription order or enter a new prescription order, wherein color highlighting and shading are utilized in all functional aspects of the ordering system, for example, command buttons, windows, window titles, and selected medications will be color highlighted as well as process selections (e.g., the RENEW button highlights in the same color as the medications to be renewed) (reads on “determining...”) (see Figure 9 “new” button and “renew” button, col. 6 line 66 to col. 7 line 5, col. 9 lines 11-60, col. 10 lines 17-60, col. 18 lines 14-35, col. 19 lines 44-55).

(G) As per claims 16-17, 22-23, and 34-36, Albaum discloses entering into a user interface a patient identifier for a patient, wherein the identifier includes the patient’s name, patient’s location, or ID number, wherein patient demographic data such as name, address, telephone number, date of birth, sex, diagnosis, allergies, height, weight, medical folder/record number, and insurance plan are collected through a patient information database (Fig. 2-9, col. 15 lines 49-55 and col. 21 lines 1-15) and accepting and processing information regarding medication prescriptions for a patient, wherein the information includes a medication identifier, medication dosage, medication frequency, medication duration, medication quantity, maximum dosage recommended for a patient (col. 20 lines 41-68).

(H) As per claim 18, Albaum discloses highlighting orders requiring renewal (see Figure 9) wherein the user selects the highlighted renew word and then the highlighted

medication order from the current scheduled and/or PRN medication boxes, or the user can pronounce the renew command and then the number (reads on "prescription number") of the medication being renewed, wherein the renewed medication are then listed in the "present actions" box for processing along with other new actions until the user completes the order session, wherein when the non-physician is renewing an order, the "order authorized by" box must be completed before the order for renewal is processed (col. 9 lines 10-30, col. 18 lines 24-35).

(I) As per claims 19-21, Albaum discloses a database containing health and medication information regarding medications and a patient, and a means for alerting the user to potentially adverse situations as a result of the prescribed medications, based on information in the database, wherein the adverse situation is an allergic reaction to the prescribed medication, wherein the adverse reaction is an interaction between two or more prescribed medications (col. 13 lines 44-65, col. 18 lines 1-6, col. 21 lines 34-45, col. 22 lines 29-50). Further, Albaum discloses the database storing ongoing lab data with respect to a patient, wherein a message is displayed to the user to recommend drug changes based on ongoing lab data, wherein a means for permitting the user to modify the prescribed medications based on the information, such as the lab data displayed to user, wherein modification includes entering accepting at least one medication identifier (col. 13 lines 44-65, col. 18 lines 1-68, col. 20 lines 40-68, col. 21 lines 34-45, col. 22 lines 29-50). Albaum includes countersigning the prescription order electronically by a physician, processing the order immediately, and then closing the

ordering screen (col. 13 lines 44-65, col. 18 lines 1-6, col. 21 lines 34-45, col. 22 lines 29-50). Also, Albaum includes screen selections available to the physician for requesting special treatment authorization for non-formulary drugs, and if the user does not authorize the drugs, the order is cancelled (col. 16 lines 20-47, col. 18 lines 1-6, col. 20 lines 10-15).

(J) Claim 37 differs from claims 1, 38, and 40, above, by reciting the steps of: sending the completed prescription form to a predetermined pharmacy and filling the prescription request, at the predetermined pharmacy, based on the completed prescription form. As per these steps, Albaum discloses:

directly transmitting all completed prescription(s) to a designated outpatient, clinic, or retail pharmacy after the order is entered (col. 15 lines 12-48).

It is noted the Albaum discloses the order being entered and then directly transmitting the order to a designated pharmacy, and it is respectfully submitted that this designated pharmacy is a form of "predetermined pharmacy."

As per the limitations of the filling the prescription request based on the completed prescription form at the predetermined pharmacy, note the obviousness of such a feature in light of the collective teachings of Albaum and Walker, given above in the rejection of claims 38 and 40, and incorporated herein.

The remainder of claim 37 repeats the same limitations as claims 1, 38, and 40, and is rejected for the same reasons given for those claims, and incorporated herein.

(K) Claim 39 differs from claims 1, 38, and 40, above, by reciting the steps of: determining if the user would like to submit a new prescription request, repeat the steps of submitting, capturing, transcribing, preparing, sending, filling, and determining if the user would like to submit a new prescription request, and terminating the connection if the user would not like to submit a new prescription request. As per these steps, Albaum discloses:

(a) allowing a user to sign onto the hospital pharmacy module or the outpatient/clinic module using a user's ID to enter a new order for medication, wherein the option to enter a new prescription order is done through an interface by pressing a "new" button (see Figure 9) (Fig. 49c, col. 17 lines 40-60, col. 18 lines 24-35);

(b) entering a new medication order completely (medication and directions for administration), wherein new medication orders are listed in the present actions list and may be processed at anytime before another patient is selected or before the user signs off the system (Fig. 49c, 49g, col. 18 lines 24-35); and

(c) closing the ordering screen and beginning order processing if the user has completed the orders (Fig. 29, col. 13 lines 44-54).

Note, the process for entering another prescription request is the same as the process for entering a first prescription as was discussed above in the rejections of claims 1, 38, and 40, and further disclosed in Albaum (see Figure 49g-49j).

The remainder of claim 39 repeats the same limitations as claims 1, 38, and 40, and is rejected for the same reasons given for those claims, and incorporated herein.

(L) Claims 24-25 repeat the same limitations as claim 39, and are therefore rejected for the same reasons given for claim 39, and incorporated herein.

(M) As per claim 41, Albaum discloses a method for prescribing medication for a patient comprising (col. 20 lines 40-43):

(a) signing onto a hospital pharmacy module or an outpatient/clinic module of an interactive medication ordering system by entering a user's ID (sign-on code) through a user interface over a communication network, wherein the user interface is used to communicate with an off-site location through the interactive medication ordering system (reads on "remotely"), wherein a screen as seen in Figure 28 is provided for initiation of an order for medications (Fig. 1, 28, and 49a, col. 1 lines 5-13, col. 4 lines 52-55, col. 6 line 23 to col. 4 line 30, col. 16 lines 10-20, col. 17 lines 40-60);

(b) entering a new order for a prescription using voice entry, wherein the order includes information related to at least one medication identifier, the patient's name, the patient's bed number, the patient's medical record number, the maximum dosage recommended for a patient (Fig. 49c, 49i, col. 3 lines 1-3, col. 6 lines 34-40, col. 7 line 65 to col. 8 line 11, col. 20 line 40 to col. 21 line 33); and

(c) directly transmitting all completed prescription(s) to a designated outpatient, clinic, or retail pharmacy (reads on "remotely located... pharmacy") after the order is entered (col. 15 lines 12-48).

It is noted the Albaum discloses the order being entered and then directly transmitting the order to a designated pharmacy, and it is respectfully submitted that this designated pharmacy is a form of "predetermined pharmacy."

As per the limitations of retrieving by the patient a filled prescription from a predetermined filling pharmacy, note the obviousness of such a feature in light of the collective teachings of Albaum and Walker, given above in the rejection of claims 1, 37, 38, and 40, and incorporated herein.

The remainder of claim 41 repeats the same limitations as claims 1, 37, 38, and 40, and is rejected for the same reasons given for those claims, and incorporated herein.

(N) As per claim 42, Albaum discloses a method for prescribing medication for a patient comprising (col. 20 lines 40-43):

signing onto a hospital pharmacy module or an outpatient/clinic module of an interactive medication ordering system by entering a user's ID (sign-on code) through a user interface over a communication network, wherein the user interface is used to communicate with an off-site location through the interactive medication ordering system (reads on "remotely"), wherein a screen as seen in Figure 28 is provided for initiation of an order for medications (Fig. 1, 28, and 49a, col. 1 lines 5-13, col. 4 lines 52-55, col. 6 line 23 to col. 4 line 30, col. 16 lines 10-20, col. 17 lines 40-60).

The remainder of claim 42 repeats the same limitations as claims 1, 38, and 40, and is rejected for the same reasons given for those claims, and incorporated herein.

(O) As per claims 30, 43, and 53, Albaum disclose a medication ordering system over a communication network (col. 1 lines 5-12) comprising:

- (a) an interactive medication ordering system (Fig. 1);
- (b) a user interface comprising an input device such as a keyboard and mouse, pen, or voice recognition for entering prescription orders, wherein the order is communicated over the communication network to the interactive medication ordering system, wherein the interactive ordering system communicates with off-site locations and pharmacies and physicians (Fig. 1, col. 6 line 23 to col. 7 line 23, col. 15 lines 12-48);
- (c) retail/outpatient/clinic pharmacies and other off-site locations having access to the interactive medication ordering system (col. 15 lines 33-48).

The remainder of claim 43 repeats the same limitations as claims 1, 38, and 40, and is therefore rejected for the same reasons given for those claims, and incorporated herein.

(P) As per claims 31-32, Albaum fails to expressly disclose the electronic network being a direct-connection network or a packet-switched network. However, Albaum includes a computer comprising an interface and interactive software for accessing databases and communicating over a network medication orders to the interactive medication ordering system (Fig. 1, col. 2 line 65 to col. 3 line 50). It is respectfully submitted that using a packet-switched network, for example the Internet, is a well known means of

transmitting information, and the skilled artisan would have found this an obvious modification within the method of Albaum and Walker with the motivation of reducing the amount of time and increasing the efficiency required to transmit information from one point to another point. It is respectfully submitted that using a direct-connection network is another well known means of transmitting information, and the skilled artisan would have found this an obvious modification within the method of Albaum and Walker with the motivation of increasing the security for patient medical information by avoiding sending the information over a publicly shared network.

(Q) As per claim 44, Albaum and Walker are entirely silent as the circuitry within the communication device for submitting the prescription request electronically. However, Albaum includes a computer comprising an interface and interactive software for accessing databases and communicating medication orders to the interactive medication ordering system (Fig. 1, col. 2 line 65 to col. 3 line 50). It is respectfully submitted that a computer typically has a communication interface or circuitry for communicating electronically over a network, and the skilled artisan would have found it obvious to have circuitry within the method taught collectively by Albaum and Walker with the motivation of ensuring the components of the system are able to communicate electronically.

(R) As per claim 45, Albaum discloses interacting with the system to enter medication orders using voice entry (Fig. 1, col. 2 line 65 to col. 3 line 50, vol. 6 lines 23-55, col. 7

line 65 to col. 8 line 11). The remainder of claim 45 repeats the same limitations as claim 44, and is therefore rejected for the same reasons given for claim 44, and incorporated herein.

(S) As per claim 46, Albaum discloses performing an order recognition function by an order reformatter and interpreter to check for recognition of the doses, route of administration, frequency, and duration, wherein the order information received by the order reformatter and interpreter when entered by the user is entered in random sequence and then processed, wherein the inpatient module performs processing functions and is connected to the user interface which accepts input via keyboard and mouse, voice recognition, or pen interface (reads on "capturing..." and "converting...") (Fig. 49e and 49f, col. 7 lines 25-30, col. 11 lines 4-13, col. 20 line 40 to col. 21 line 33).

(T) As per claims 47-49, Albaum and Walker are entirely silent as to the communication channel being established over a private network or public network, specifically the Internet. However, Walker includes communicating over a communications network, wherein a modem unit will process and transmit all complete prescriptions to designated outpatient, clinic, or retail pharmacies (Fig. 1, col. 2 line 65 to col. 3 line 50, col. 6 line 23 to col. 7 line 23, col. 15 lines 12- 48). It is respectfully submitted that when communicating medical information over a network it is typically a publicly shared network such as the internet or a private network. The motivation for using a public network within the system taught collectively by Albaum and Walker would be to provide

access from remote locations quickly by reducing the speed and difficulty in accessing information. The motivation for using a private network within the system taught collectively by Albaum and Walker would be to ensure the privacy of confidential information.

(U) As per claim 50, Albaum discloses a computer for communicating with the interactive medication ordering system (Fig. 1, col. 2 line 65 to col. 3 line 50).

(V) As per claims 29 and 51, Albaum discloses a telephone for communicating with the interactive medication ordering system (Fig. 1, col. 8 line 64 to col. 9 line 10).

(W) As per claim 52, Albaum discloses communicating with the interactive medication ordering system and pharmacy using facsimile (Fig. 1, col. 15 lines 11-32).

Conclusion

6. The prior art made of record and not relied upon is considered pertinent to the Applicant's disclosure. The cited but not applied prior art teaches a system and software for pharmaceutical prescription compliance (4,766,542), a prescription creation system (5,737,539), a wirelessly deployable, electronic prescription creation system (5,845,255), an automated networked service request and fulfillment system and method (5,995,939), a method and apparatus for integrated management of pharmaceutical and healthcare services (6,112,182), a method and system for an

automated pharmacy (6,202,923), and a medication monitoring system and apparatus (6,397,190).

7. Any inquiry concerning this communication or earlier communications from the examiner should be directed to Carolyn Bleck whose telephone number is (703) 305-3981. The Examiner can normally be reached on Monday-Thursday, 8:00am – 5:30pm, and from 8:30am – 5:00pm on alternate Fridays.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas can be reached at (703) 305-9588.

Any inquiry of a general nature or relating to the status of this application or proceeding should be directed to the Receptionist whose telephone number is (703) 306-1113.

8. **Any response to this action should be mailed to:**

Commissioner of Patents and Trademarks
Washington, D.C. 20231

Or faxed to:

(703) 305-7687	[Official communications; including After Final communications labeled "Box AF"]
(703) 746-8374	[Informal/ Draft communications, labeled "PROPOSED" or "DRAFT"]

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Hand-delivered responses should be brought to Crystal Park 5, 2451 Crystal Drive,
Arlington, VA, 7th Floor (Receptionist).



CB
April 15, 2003



DINH X. NGUYEN
PRIMARY EXAMINER